

TEXT: Site Interview-Friday.EileenThomas-NursingDir (134/135)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Initiated post-grad. Certificate on clinical governance.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (254/256)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 ET and Medical Director had just arrived in post in 98. ET didn't learn about complaints until police became involved.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (2/4)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Acute administration on mental Health ward-Collingwood
 Accepted her and warmed well
 From Knowles Hospital 6years ago when it closed

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (19/29)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Came from QA ward manager medical ward intermediate care. Started November 2000.
 11m in post with gap*, new post role is supporting/managing clinical manager/areas. Also facilitate clinical practice. 50:50 clinical admin. Involved in training and development of nurses at GWMH eg. alert system. Back before care wards tended to deal with issues alone. Now have "common" ACD (emergency call/medical emergency).

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (46/50)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Purpose of post? Reason was there was no nursing leadership at GWMH. Also SM (Read) had too wide a role. H grade. Aware of problems when arrived? Knew but not in depth - bring up skills of nurses.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (5/9)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 General - In this area since 1981. Nurse (district) background. 1987 management - ?? care - Mental Health - Comm Hospital is Fareham. 1996 Managed St Christophers (F) GWMH, other services in Gosport. GWMH was small, but upgraded and enlarged.

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (13/16)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Oversaw principles applied at other community hospitals. Strong union representatives very high health and safety. Union - domestic abuse whistle blowing.

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (22/31)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Sultan - 1998. Very comfortable service - efficient, excellent senior nurse, 5 senior GP - GP committee meet monthly, 50 GP had admission rights, worry single handed GP would be edged out by group practice, some beds were used for ??? were flexible within reason. Haslar were ?? did not specialise in Elderly. Haslar staff changed often which caused problems with admission & discharge.
 Translation of Processes - no problems, GP Gostop, used GWMH outpatients as base rather than surgeries.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (3/10)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)

Background of elderly nursing, was Service Manager Petersfield Hospital. Then added Havant as Nurse leader. Now locality General Manager. (Leader) Contract for Phys, OT, Community Hospitals, Podiatry, Physical disability, now has health visiting, district nursing - Fareham & Gosport. Primary Care Trust (attends Gosport 1 day a month). So she has a very broad & diverse remit.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (11/14)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Is Line Manager for Jan Peach, meets monthly. Spends one day a month Gosport, Nicky leads intermediate care. She reports to Nurse Director & Operation Director Ian Piper.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (10/14)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Supervision route? Fiona - Jan - Tony - Rosemary Packston, Support Service Manager - Beverly Carler/Jill Hindson, Out patients Manager
 No clinical involvement - Core management. Support appraisal.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (15/17)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Personal appraisal - constant contact. Informally - meet monthly - Development problems. Fiona IPR 6 months & annually.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (18/27)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Int care developments. Ward - D Initially anxious then excited. Daedulus developed skills for slowstream & continuing care. Big leap - to rehab.
 Meet regularly with clinical team & with therapist about managing beds. Conclusion - need to increase level E grade staff, 4 staff, 4 support. E & D night staff - ward clerk time - Tony, nurse leadership.
 Took a year to recruit the staff for the post - due to extra cash that had been released across the trust opening more opportunity for staff.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (78/83)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Clinical Manager of Sultan was away so clinical manager of Shannon ward at St Christophers came to cover.
 St Christophers - 9 beds stroke. Shannon - 26 beds rehab. 18 continuing care.
 Nurse consultant Jane Williams - stroke management. To improve & develop nurse skills.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (53/54)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Clinical Manager very good, looking at self medication 'self contained flat' in ward.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (119/121)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Felt there has been improvement over last two years in terms of how decisions over patient care are handled especially change form rehab -> palliative care.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (194/197)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Trust style - expressed in four Ps (people, pennies, partnerships, performance). Nothing can be acheived by trust alone. Have always tried to involve local communities.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (12/14)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Local flexible management?
 Autonomous and good communication with e@ division. So long as comply with policies.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (40/42)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 How is Fiona told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (87/89)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Clinician and front line staff involvement? Business plans written by reference groups and multidisciplinary groups.

TEXT: Site Interviews-Monday.AnneMonk-Chair (60/62)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Staff Union Reps. Could they forward to the Manager. "Ask Barbara Robinson". Does not know if staff would be afraid to whistle blow.

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (33/34)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 It was evident at divisional level good management between Managers and clinical staff / lead consultants.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (30/33)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 gets good support from clinical manager-Philip Beed-and meets with him and other colleagues regularly to be given information about new developments and other trust issues

TEXT: Site Interviews-Monday.DrAltheaLord (26/26)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 'Everyone chips in' ie no one leads or chairs meetings.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (27/27)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Chair risk management group.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (54/56)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Accountability. Lead Consultants - not line managed by F.C. but internally managed by each division. - They work alongside divisions.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (85/86)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Eg. Intrathecal drugs, DoH wanted consultant only use. Trust wanted a Waiver agreed to by the CEO.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (92/94)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Audit Commission "spoonful of sugar" - recommended more pharmacy involvement in clinical areas, warning of high doses.

TEXT: Site Interviews-Monday.PeterKing-PersDir (51/53)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 98 - very good manager in elderly medicine. Barbara Robinson her successions are "ok", but BR was especially good.

TEXT: Site Interviews-Monday.PeterKing-PersDir (90/91)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Ian Piper given specific responsibility to oversee service (checking client care plans etc).

TEXT: Site Interview-Thursday. **Code A** Sp-LangThera (109/119)
 CODE: B Service Strategic Management.B1 Leadership (G:100)
 Ethical decision will be made by Consultant and documented in medical notes.
 Discussion with family and Consultant and nurse grade. Issues around swallowing eg. patient who refused to eat although had swallowing problem but consultant wanted to peg speech, therapist would not. Late stage dementia – Consultant wanted peg feeding – therapist felt quality of life said no and family decided no. Decisions – no MDT meeting not necessarily unilateral decision.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (9/13)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Sickness in unit - advising rec. & ret. Ward managers work with.
 Work force information divided reviews
 Sickness info, turnover, vacancy levels, workforce, predictive planning, training and development.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (64/67)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Perception with ward managers, now need more support than others. Would know by meeting with people and establish how managing problems and pick up data. Maureen meeting with ward managers.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (49/51)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Rehab was driver for change and strategy team working and letting them drive change. Particularly focus on rehab.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (70/75)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Common approach to other wards
 Anne Haste
 Jill Hanton
 Philip Beed
 And many supervision meetings
 Monthly meetings and Toni Scandle

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (4/6)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)
 Support lower down through grades is reduced.
 Training available for qualified staff but not same level for HCSW.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (7/8)
 CODE: B Service Strategic Managemen.B1 Leadership (G:100)

Morale was low – investigation management support.
Communication was good.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (45/47)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Comms – very good: memos, memos to individual, communication book night staff, ward team meeting.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (91/94)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Policies – Head of department meeting, clinical managers meeting, memo notice board, manager identified policy and alert staff to folder.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (168/171)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Expressed concern about MH numbers. Set up working parties to look at problems to develop skills – study days often clashed with low staffing levels.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (182/185)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Junior have not received as much support

- invited to CHI meeting directed at grade
- briefing with general discussion
- aware support is there

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (188/188)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Gill Hamblin has always been available.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (191/194)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Required to participate in resus. Lack of support , only people directly involved in resus. Support need from ward managers LD, HCSW or Toni Scannell.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (205/206)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Look to HCSW local experience rather than Senior Management.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (217/227)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Clinical supervision system in place, 2 groups, mixed nights and days

- 6 people group night/day/grades
- reflective practice and learning
- confidential issues
- ways of dealing
- researched producing solutions
- meets monthly
- staff shortages not monthly
- not available across the board

Support from Gill Hamblin

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (142/143)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)

Standard of care is very high. Improved by new H grade structure and training and development.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (49/49)
CODE: B Service Strategic Managemen.B1 Leadership (G:100)
Leadership - no problem.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (23/25)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Kevin has led at trust level, with prper input from other Profs and has been developed together with partners in health community.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (103/103)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Executive feeding people committee

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (164/166)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Service Manager is person who will be responsible for addressing radical ????? goals on wards.

TEXT: Site Interview-Friday. **Code A** Pharma (36/37)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
How does she find out about policy? PD deals with these matters. Information is e.mailed.

TEXT: Site Interview-Friday. **Code A** Pharma (57/58)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Communication of new policy? Paula is main link, but may occasionally forget to tell her of changes.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (15/18)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Is Line Manager for Jan Peach, meets monthly. Spends one day a month Gosport, Nicky leads intermediate care. She reports to Nurse Director & Operation Director Ian Piper,

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (61/61)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Communication - own and aware of trust values.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (62/65)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Pounds matter - making sure people are aware of value of spending. Corporate - Trust newspaper, staff letters, monthly info exchange, divisional review process, personal contact, networks.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (66/68)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Executive Director - group operational management, group very cohesive - role awareness. Group meets 2 weekly or monthly.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (93/94)
CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
Clinical Management. Lead Consultant -> MD. No direct role. Voice heard through

divisional meetings.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (104/105)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Eileen - empowering clinical leadership, is in harmony with operational remit.

TEXT: Site Interviews-Monday.AnneMonk-Chair (3/7)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Regional Support. On edge of Region - Induction SE Regional if 18 months. Induction training for South West. Can go if Region, Chairs District. Twice yearly Chair meeting in London. Chair of clinical governance training meeting. Non-executive.

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (29/30)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Feels that there has been no findings of clinical negligence, has never to be shown to be proven

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (6/9)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 New approach to improving care she's trying to introduce: direct observation and evidence like crtical incidents, complaints is approach trust key evidence if review direct observation??????????

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (13/14)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Delegation - how do you keep track.
 Operational Team

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (57/58)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Something may have been delegated by accountability would not change.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (6/8)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Accountable to Division Manager for Clinical Support in Portsmouth. He provides services through SLA to this Trust. Liaises with Finance Director.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (15/17)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Service to Trust is managed by a Grade E Pharmacist (**Code A**) and 2 pharmacists elderly and mental health + community. She also has staff at QA.

TEXT: Site Interviews-Monday.PeterKing-PersDir (17/18)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Weekly management when problems in elderly medicine came to fore.

TEXT: Site Interview-Thursday. **Code A** Patient Affairs (15/17)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)
 Employee of the trust
 Communication, do know what's going on. Line communication very good

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (7/9)
 CODE: B Service Strategic Managemen.B2 Accountabilities (G:100)

Report to Personnel Director. Divided Local Management. Division Management meeting. Monthly.

TEXT: Site Interview-Thursday.JaneParvin Senior Person (35/37)
 CODE: B Service Strategic Management.B2 Accountabilities (G:100)
 Training on personnel policies. Her lead is on sickness management policy.

TEXT: Site Interview-Thursday. **Code A** PractDevFacil (6/9)
 CODE: B Service Strategic Management.B2 Accountabilities (G:100)
 Has wide remit in her role of Clinical Governance - not much in corporate. Sees Toni Scannel on general matters only every 3 months. Toni might raise training needs of staff in ad hoc way.

TEXT: Site Interview-Thursday. **Code A** PractDevFacil (37/39)
 CODE: B Service Strategic Management.B2 Accountabilities (G:100)
 Examples of working with Toni Scannel. No specific examples. Training and Development "can you make sure that people get ??? training.

TEXT: Site Interview-Thursday. **Code A** PractDevFacil (77/79)
 CODE: B Service Strategic Management.B2 Accountabilities (G:100)
 3 monthly meeting with Toni - Training, Development. Is everything OK? Asks about Gerontological developments, ???? training discussed.

TEXT: Site Interview-Thursday. **Code A** OT (4/9)
 CODE: B Service Strategic Management.B2 Accountabilities (G:100)
 Structure, no-one is ward based. Work alongside Rehab. **Code A** stroke. **Code A**
Code A Fareham and Gosport area manager for OT. **Code A** Distinct
 Manager. **Code A** GWMH / Clare St Clins.
 MH has similar structure - not as close in links. Unit more self-contained.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (54/56)
 CODE: B Service Strategic Management.B2 Accountabilities (G:100)
 Teamworking character. Very caring team put patients first but let down by documentation.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (188/188)
 CODE: B Service Strategic Management.B2 Accountabilities (G:100)
 Gill Hamblin has always been available.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (6/8)
 CODE: B Service Strategic Management.B2 Accountabilities (G:100)
 Chaired Clinical Governance Group (Acute). Feeds into service meetings Feeds into service meetings - Lesley Humphrey, Clinical Governance groups stroke.

TEXT: Site Interview-Friday.AnneHasteClinical manager (27/29)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Initially problems therefore different management style-everyone equally valued. After a course, changes implemented and evaluated

TEXT: Site Interview-Friday.AnneHasteClinical manager (30/31)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Change to Intermediate Care, needs have to be met and management system 'Flattened'

TEXT: Site Interview-Friday.EileenThomas-NursingDir (22/36)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Processes of system in clinical practice since 98: have been major changes in 3 areas:

- (1) Management of pain training related to it triggered by incidents, primarily for nurses.
- (2) Very broad variation in clinical practice in trust so clinical practice development programme appointed f???????????? to ensure s????? of good practice and circulation of evidence-based practice. We would have commissioned an investigation without question if it hadn't been for police investigation starting.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (112/116)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Changes include: evidence based practice ???????? consistency in dealing with patients and focused on middle grade nurses – appointed better calibre people from outside.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (21/22)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 In respect of total medicines Policy that has been recently revamped

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (98/102)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 MDT training – other reflective practice meetings. Issue: patient in residential care may have time reduced in day ward to allow for home based patients and carer opportunities for respite and assessment.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (116/117)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Oe patients are on wards, easy to think save to MDT is forgotten.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (120/121)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Staff – front line staff should be involved in management meeting.

TEXT: Site Interview-Friday.MaxMillett-CEO (24/27)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Blockages to change - choices - culture of ward levels. More objective blockages than culture. There's no such thing as "open culture". Difference in culture and beliefs between three wards.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (21/23)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Systems were very different between Dolphin and Dryad and Sultan. Knowledge seemed less than on Dolphin.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (26/30)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 3 wards 1 day a week.
 Daedalus – stroke patterns had dedicated support on nutrition/feeding.
 Sultant and Dryad – called for critical incidents or special problems with feeding – responded when called.

TEXT: Site Interview-Friday **Code A** SeniorDiet (58/60)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Now working on learning disabilities so aware of policies of trust and aware policy of feeding in place.

TEXT: Site Interview-Friday **Code A** SeniorDiet (75/80)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Dealt specifically with a patient needs not over whole ward. Eg. of cases of needs

- overweight, diabetics lipids
- glycogen levels, home preparation
- peg feeding
- nasal feeding

TEXT: Site Interview-Friday **Code A** SeniorDiet (98/100)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Nutritional reps meeting – 6 months

- regular update training
- access to info.

TEXT: Site Interview-Friday **Code A** SeniorDiet (114/115)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Role of dietician, has changed and respected more by clinical staff now.

TEXT: Site Interview-Friday **Code A** SeniorDiet (128/131)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Enablement team
 Full-time dietician
 At wards, St Christopher and Community plus MDT meetings.

TEXT: Site Interview-Friday **Code A** SeniorDiet (134/135)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Enablement Services – to improve, interface between hospitals and communities.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (5/6)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 40 bedded admission ward-Gosport & Fareham-bigger catchment area

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (140/152)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Team Working - how can Toni make it happen. ASW works on ward herself to role model behaviour. Doesn't think they have got it right yet. Would like documentation to be better across the board - everyone adhering to same core plan. One of issues is to get that sense of working together for integrated goal setting and person centred goal setting, wants to get people working together. Her physio on nursing documentation groups. Hopes this will lead to multi-professional documentation and goal setting.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (167/169)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Service Manager is person who will be responsible for addressing radical ????? goals on wards.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (112/115)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts.
 Ordered by management, happened regularly.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (116/117)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Leaves Daedulas short. Near miss with a drug error at Collingwood - 2 agency nurses.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (10/14)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 To "integrate" - cross fertilise?? - between Elderly Care and GP. Also quick PSE (old age psych) opinions. She managed the change, used multidisciplinary team approach - included services such as catering/portering?? aswell as care staff.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (41/42)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 In March 2000 - asked to move (reluctantly) to Elderly medicine - because of ward closures and staff leaving.

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (77/80)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Main barrier blocking medical cover was funding?? Felt DGH was absorbing all the money.
 Transfer arrangements - Haslar & Q&A.
 Q&A - new dept - not system that was in place in 98.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (11/13)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Forming into 3 groups as per localities with lead clinicians in each patch. Advertising for extra post, really need 12 % 3 groups of 4.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (134/138)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Health - complex medical & nursing needs that require specialist input eg swallowing/fits.
 If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds.
 Rehab emphasis / eg slow stream stroke rehab.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (19/23)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Community Enabling Service - funding for it came all at once. Intermediate care - possible £1 000 000 Budget - Intergrates current services and all new services. Not yet happening. Purpose of service to prevent admission and promote discharge.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (24/28)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Hospitals use - enabling service - using physiotherapy, integrity?? Of occupation therapy ?? of Health Social Services includes OT - Health Care Services ??? "It will happen faster discharge". Hope disclose difficulties relaxed discharge very high??

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (5/9)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)

Continually care 'Care in the community' Agenda. Helps identify gaps in training. Initial role was Nurse lead & Service Manager. Service Manager St Christophers Colde East?? Development of service to creating good networks for patient care.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (69/71)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Examples of impact of shared good practice b/w two community hospitals. At year
 everyday. Asked nurse - topics - rehab, nutrition.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (31/37)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Induction - was continuing care ward. Had continuing care & slow stream stroke. Now has
 fast stream stroke and general rehab. Take orthopaedic cases - fractured neck of femur &
 general rehab.
 Home visits arranged. Care plans handed over from previous hospital. Handovers take
 place in dining area or quiet room. Fewer inappropriate referrals.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (112/115)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 98 - ward changed from continuing care to rehab. Ward staff confused re role. Also for
 GPs there was some difficulties about treating different group of patients.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (116/118)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Nurses found change from continuing care -> rehab patients quite difficult. Does not think
 nurses were involved in decision in change of ward.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (122/124)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Felt there has been improvement over last two years in terms of how decisions over
 patient care are handled especially change form rehab -> palliative care.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (91/93)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Acute wards are operating at above safe level of occupancy; creates unacceptably high
 workload for community teams

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (142/143)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 For elderly people. Need to slide with improvements - long slow slog.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (189/193)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Not much freedom to manoeuvre concerning priorities for vulnerable groups - ie NSFs etc -
 set direction. Choice is around 'how' - how to work with staff etc, choice around style
 culture work with voluntary groups etc.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (81/83)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Training budgets. Resources - each division has own training budget but particular issues
 Trust would invest and fund training.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (84/86)

CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Role in Business Planning? - Ops Director and comms - David Barker. - Planning patient focused and clinical?
 Board here for support and providing a framework.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (55/57)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 ?nurses are responsible for care plans and for discharge planning
 Have one ICP- for NOF developed plans with QA

TEXT: Site Interviews-Monday.Debra Hunt-telephone (58/63)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 it is seen as very happy on wards and sorry to leave, but feels hassle to develop skills because of case-mix of patients on ward. Thinks too many patients are wrongly placed, having acute hospital health problems. (Anxiety dementia) feels these patients should go to EMI wards.

TEXT: Site Interviews-Monday.DrAltheaLord (9/10)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Portsmouth has always had lots of continuing care beds but slow stream stroke beds recent and very helpful.

TEXT: Site Interviews-Monday.DrAltheaLord (175/175)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 We started doing rehab before we were funded to do it.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (15/16)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Financial year - away day - key issues. Mixture of operational and reconfiguration agenda.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (29/31)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Ring Ian or Max, group meeting, fortnightly ED meetings, review and comms briefing, forms/key documentation.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (59/62)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Consideration given to using the model in place now for elderly medicine to the new PCT?
 Beds geographically retained local focus - but maintaining a strong linkage d/w two PCT.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (68/68)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 - planning of elderly services needs to be strategic.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (75/75)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 M.D Martin Severes 1990 - developed stroke services.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (76/78)
 CODE: B Service Strategic Management.B3 Direction & planning (G:100)
 Last 3 - 4 years Int Care, separation of ward functions? The driver was Nicky Pendleton - general manager for elderly medicine.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (90/94)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 No successful CREZ programmes. Very pragmatic approach to CREZ by keeping health level of reserve.
 ie. Recurring 1/2 - 3/4 million on turnover of 100 million. ie CPR training received 80,000 recurring funds.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (85/86)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Nurses are talking and so communication has not failed due to becoming a PCT?

TEXT: Site Interviews-Monday.PeterKing-PersDir (19/20)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Weekly management when problems in elderly medicine came to fore.

TEXT: Site Interviews-Monday.PeterKing-PersDir (35/36)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Satisfied that reasonably well staffed in elderly medicine now - thinks staffing level ok

TEXT: Site Interviews-Monday.PeterKing-PersDir (37/38)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 "This isn't an area that particularly worried me (esp compared too often, areas like psychiatry).

TEXT: Site Interview-Thursday. **Code A** Sp-LangThera (74/78)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Service

- disvager/swallowing
- speech therapy 60/40
- work with patient and family, inpatients and outpatients

TEXT: Site Interview-Thursday.DrBeasleyGP (58/63)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 So workload complexity increased - what about staffing/infrastructure? Dr B asked for clarification of question/infrastructure? Re: nursing 30% of elderly patients are EMH - presents a number of problems - so scream and howl at lot. Had word with Dr Banks (could he make a room soundproof?).

TEXT: Site Interview-Thursday.DrBeasleyGP (151/152)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Change in case-mix - letters sent from the time to time.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (20/23)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Based on Sultan ward last few months with 2 trained staff on nights. Medical problems – will attend, Medical problems on Mulberry – called in frequently.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (106/113)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Documentation changed with syringe driver.

Intro. Policies

- Placed on desk
- Do not go to clinical management meetings so now policy lands on desk.
- No support in developing career

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (121/121)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Not aware what is going to be placed on computers.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (128/130)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 NSF older people – no discussion, no opportunity to discuss new research and effect on staffing.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (138/138)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 No benchmarking.

TEXT: Site Interview-Thursday: **Code A** PractDevlFacil (13/15)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Sharing of good practice with the Trust is not developed, but community network recently established to improve sharing.

TEXT: Site Interview-Thursday: **Code A** PractDevlFacil (36/36)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Clinical Network group being maintained.

TEXT: Site Interview-Thursday: **Code A** OT (36/40)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
Code A is Senior for neuro rehab so primarily oversees Daedalus. Sultan has GP, so OT role is discharge management. Dyrad has continuity care - never funded for OT input - do 6/8 referrals per year - for very complex discharge.

TEXT: Site Interview-Thursday: **Code A** OT (15/17)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Future- fax referral to central office. Social Services and OT will be based in a central office with outreach workers-Sept 2000 new service started.

TEXT: Site Interview-Thursday: **Code A** OT (18/19)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 There will be no ward OT
 Officially community OT

TEXT: Site Interview-Thursday: **Code A** OT (20/27)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 caseload divided- based in locality but cover speciality
 orthopaedics
 trauma orthopaedics
 medical team
 complex
 general rehab
 strike rehab

TEXT: Site Interview-Thursday: **Code A** phy (4/6)

CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Change/move rehab - 4/5 years ago. Next change - intermediate care 14/15 months ago - and staff became team leader.

TEXT: Site Interview-Thursday: **Code A** phy (25/28)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Freedom to follow people through - what happened - to change service - organisational change - why to NSF - intermediate care national policies.

TEXT: Site Interview-Thursday: **Code A** phy (43/44)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
What drives better practice? Validated tools - NSF, government, service plans.

TEXT: Site Interview-Thursday: **Code A** phy (79/81)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Goal setting in point of fact physio felt last year has been done badly. Now INSET improving.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (48/51)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Mix of patients changed during Shirley time on Dryad. Continuity Care to rehab. Funding not in place to provide sufficient support staff and AHPs to meet PR need.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (61/69)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Quality care – wound care, patient MRSA – surgical wound – treated MRSA healed wound and transferred to NH. Was admitted for terminal care but Dryad rehabilitated patient. Dryad often gets patients for continuing care but rehabilitated. Occasionally patients been tried for rehab but medical condition deteriorates and no rehab.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (104/106)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Dryad – care has improved with time – communication has improved, tightening up more.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (156/161)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Issue – confusion – mental frailty.
- large proportion of patients
- managed as best as possible
- could do more mental health training on challenging behaviour, staff safety, communication.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (168/171)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Expressed concern about MH numbers. Set up working parties to look at problems to develop skills – study days often clashed with low staffing levels.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (191/194)
CODE: B Service Strategic Management.B3 Direction & planning (G:100)
Required to participate in resus. Lack of support, only people directly involved in resus. Support need from ward managers LD, HCSW or Toni Scannell.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (51/53)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Policy translations - new changes - talked at mg meetings, minutes from mg meeting - D
 Ward meeting, memos sent out.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (21/23)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Patients have changed. No longer there for years as in Redcliffe annexe. Activity
 increased, more go to nursing homes - space for more acute beds.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (76/78)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Response to Risk forms. Short staffed even though forms are filled in but skill mix review
 resulted in extra staff.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (9/9)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Manicured?? that change.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (13/16)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 Slow turnover, low occupancy, little acute. Now new manager, more acute, better working.
 Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (26/28)
 CODE: B Service Strategic Managemen.B3 Direction & planning (G:100)
 In charge of Dryad ward Jan - October 2001, Service now expanding. Elderly care
 department in a self-contained elderly unit.

TEXT: Site Interview-Friday.BarbraMelrose -Complaints (52/53)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 there have been disciplinary consequences for staff - need to look at patterns and Issues.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (141/143)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 There was a c???? 3% of nurses/ward managers who were subject to most
 complaints and who were reluctant to change.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (150/150)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Training all managers in performance management.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (160/162)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 We do have some nursing staff that we'd prefer not to have our most difficult ward
 managers do need a lot of help to change.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (186/186)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Nursing clinical indicators very poorly developed.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (188/190)

CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Essence of Care – aiming to ensure that all wards work to essence of care. PCT will take ???????

TEXT: Site Interview-Friday.EileenThomas-NursingDir (194/197)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (202/207)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 In the past, some of the senior nurses haven't had confidence to confront poor performing staff. I'd only get involved if I witnessed it myself. Whistle-blowing – good relationship with unior reps who'd not hesitate to tell me re. poor practice.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (9/11)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 senior management expectations of CG does not match realistic working of front line staff

TEXT: Site Interview-Friday **Code A** SeniorDiet (36/38)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Dryad and Sultan – felt they did not need dietician and was not involved in care planning.

TEXT: Site Interview-Friday **Code A** SeniorDiet (118/120)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Feels that in 1998 that across the board it was not common practice to document everything ie. nutrition notes.

TEXT: Site Interview-Friday **Code A** Pharma (38/38)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 IT for Pharmacy is good. Good technicians.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (83/83)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 No contact out with Regional Office.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (131/132)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Satisfied that trust's performance management system integrates clinical governance concerns

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (178/182)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Also there is a group to address winter pressures across health community. Issues (problems) structural, not personal or professional - ie elderly medicine needed additional beds and trust now living with problems generated from not having them.

TEXT: Site Interviews-Monday.AnneMonk-Chair (69/71)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Quality performance matters "It's nice to treat people well", ie care needs to be good. Is clinical care good? Clinical audit include users view.

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (11/12)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Action list would be integrated into 1/4 division meeting.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (19/20)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Quarterly divisional process. Performance Review Process agreed upon common template.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (21/22)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Weekly meeting general manager. 6 GM's. 1 - 1 1/2 hours.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (25/26)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Monthly operational management group - policy dev key op issues. Ian - Chairs.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (45/46)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 *Involvement of clinical and front line staff in perf manage?

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (52/53)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Divisional reviews clinicians are attending on specific issues but minutes are sent to those absent.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (100/102)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 1998 - Incidents
 Made aware through divisional review process as complaints.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (106/106)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Information translated to board on quarterly meetings.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (136/137)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 4 Perf deliver clinical governance and activity targets and financial targets.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (14/16)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 Work force information divided reviews
 Sickness info, turnover, vacancy levels, workforce, predictive planning, training and development.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (53/56)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)
 What does Philip Beed get back on his own ward. Predictions, sickness levels and individuals. Philip Beed not getting individual ward predictive information for each ward.

TEXT: Site Interview-Thursday.PennyHumphriesHA (34/35)
 CODE: B Service Strategic Managemen.B4 Service perf man (G:100)

Slight laxness of clinical procedures. Wanted you to look at.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (52/54)

CODE: B Service Strategic Managemen.B4 Service perf man (G:100)

Rehab was driver for change and strategy team working and letting them drive change. Particularly focus on rehab.

TEXT: Site Interview-Thursday **Code A** DT (10/11)

CODE: B Service Strategic Managemen.B4 Service perf man (G:100)

Daedalus - rehab / stroke. Variety, fluctuate in case loads.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (230/230)

CODE: B Service Strategic Managemen.B4 Service perf man (G:100)

Informal meetings management approachable.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (102/102)

CODE: B Service Strategic Managemen.B4 Service perf man (G:100)

Main reporting - falls, trips.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (104/105)

CODE: B Service Strategic Managemen.B4 Service perf man (G:100)

Monitoring indicators - Toni Scammel is doing drug audits. Would not know trends of incidences.